

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-675)						SERIAL NO. 09/890516	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51
2	1						52
3	2						53
4	1						54
5	1						55
6	1						56
7	1						57
8	1						58
9	1						59
10	1						60
11							61
12	1						62
13	2						63
14	0						64
15	1						65
16	1						66
17	2						67
18	0						68
19	0						69
20	1						70
21	0						71
22	1						72
23	1						73
24	1						74
25	1						75
26	1						76
27	1						77
28	1						78
29	1						79
30	1						80
31	1						81
32	1						82
33	1						83
34	1						84
35	1						85
36	1						86
37	1						87
38	1						88
39	1						89
40	1						90
41	1						91
42	1						92
43	1						93
44	1						94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	1-3	↓		↓		↓	TOTAL IND.
TOTAL DEP.	2-0	←		←		←	TOTAL DEP.
TOTAL CLAIMS	123	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	TOTAL CLAIMS

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS